MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Laury

CERTIFICATE OF DEATH

07486

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fruitland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) CATHELL (Middle) (Last) ADAMS

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child

8. DATE OF BIRTH: July 15, 1941

9. AGE Last birthday: 11 yrs. IF UNDER 1 YEAR: Months 11 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Pen. Gen. Hospital-Salisbury

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lee Adams

14. MOTHER'S MAIDEN NAME: Etta Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Lee Adams (Father) Fruitland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

600.0

Immediate cause (a) Pyelonephritis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Spina bifida + Hydrocephalus — Life

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:52 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Lee L Laury M D Fruitland Md 7-13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 15, 1953

NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park

LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 7-14-53

REGISTRAR'S SIGNATURE: Mary W Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Maryland

Walter R. Holloway

RECEIVED
MAR 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07487

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12

LENGTH OF STAY (in this place) 11 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp. 200

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willards

STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) R. (Last) BAKER

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: (59)

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Baker

14. MOTHER'S MAIDEN NAME: Ella Bell Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) n (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Allie Baker Willards, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Myocardial Insufficiency

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Artery Heart Disease — 3 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pulmonary Emboli

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 19 53, to 7/17, 19 53, that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) David J. Gelmore M.D. ADDRESS Salisbury Md. DATE SIGNED July 17 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 19 1953

NAME OF CEMETERY OR CREMATORY Bethel

LOCATION (City, town, or county) Willards Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7-20-53

REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Otto Whaley ADDRESS Salisbury Md.

RECEIVED
JUL 23 1953
BUREAU V. S.

Dr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07488

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL) OR TOWN: Salisbury 12
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: New York COUNTY: Cataraugus
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Weston Mills V 293
STREET ADDRESS (If rural give location): 22 West Main Street

3. NAME OF DECEASED: (First) LAWRENCE (Middle) WESLEY (Last) BEEBE

4. DATE OF DEATH: (Month) JULY (Day) 30 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug. 19, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months 11 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Laborer Electrician - Power Co.

11. BIRTHPLACE (State or foreign country): Rochester New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Beebe

14. MOTHER'S MAIDEN NAME: Mabel Eastwood

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Elizabeth Beebe (Wife) 22 West Main St. Weston Mills, New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Artery Thrombosis — Interval Between Onset And Death: 21 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis — Unknown

DUE TO (c)

420.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 19 53 to July 30, 19 53, that I last saw the deceased alive on July 30, 1953, and that death occurred at 8:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter R. Holloway M.D. ADDRESS: Salisbury Md. DATE SIGNED: July 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 4, 1953

NAME OF CEMETERY OR CREMATORY: St. Bonnaventure Cemetery

LOCATION (City, town, or county) (State): Allegenay New York

DATE REC'D BY LOCAL REGISTRAR: 7-30-53

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY * SALISBURY, MARYLAND ADDRESS

Walter R. Holloway

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1953
BUREAU V. S.

07489

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARDELA-RURAL
LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOUBLE MILLS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARDELA RURAL
STREET ADDRESS (If rural give location) DOUBLE MILLS

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) VIRGINIA (Last) BENNETT

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1957

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: DEC 24, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): DELAWARE 07
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: FLAVIUS BRADLEY
14. MOTHER'S MAIDEN NAME: EMMA HOWARD

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS WILLIAM WILSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

794X

Immediate cause (a) Senility and
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) nutritional failure
DUE TO
(c)

Interval Between Onset And Death: 3 years or less

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1953, to Death, 19....., that I last saw the deceased alive on 7/25, 1953, and that death occurred at 10:30 P, from the causes and on the date stated above.

SIGNATURE Ernest Larmore (Degree or title) Md ADDRESS Delmar, Del DATE SIGNED 7/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF AUG 1, 1953
NAME OF CEMETERY OR CREMATORY FIREMENS
LOCATION (City, town, or county) SHARPTOWN (State) MD

DATE REC'D BY LOCAL REGISTRAR Aug 1, 1953
REGISTRAR'S SIGNATURE Mary C. Owens
24. FUNERAL DIRECTOR Paul J. Smith, ADDRESS Sharptown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07490

Dr. Gray

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carolyn Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural, give location) Carolyn Avenue

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) ADELADE (Last) BETTS

4. DATE OF DEATH: (Month) JULY (Day) 9 th (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: July 25,

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Cleveland Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Racey Hickox

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Clarence Gould Salisbury Md Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 10 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic C-V Disease — 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to July 9, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 9304 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William D Gray M.D. Salisbury Md 7/9/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 13, 1953

NAME OF CEMETERY OR CREMATORY Moreland Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7-9-53

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS

Holloway & Company - Salisbury, Maryland

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07491

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

LENGTH OF STAY (in this place) Since 1/20/53

HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital 70

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Queen Anne's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WYE MILLS

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) (Last) Bevans

4. DATE OF DEATH: (Month) July (Day) 3rd (Year) 1953

5. SEX: M.

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 29. 1893

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM BEVANS

14. MOTHER'S MAIDEN NAME: FRANCES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unknown

16. SOCIAL SECURITY No.: Farmer

17. INFORMANT & ADDRESS: DEER'S Head Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 44 = X

		Interval Between Onset and Death
Immediate cause	(a) Recurrent Cerebral hemorrhage due to	20 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive cardiovascular disease	1½ years
	DUE TO (c) Subarachnoidal hemorrhage	6 mo

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Left hemiplegy after cerebral hemorrhage 6 mo.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20, 1953, to 7/3, 1953, that I last saw the deceased alive on 7/3, 1953, and that death occurred at 9 55 p.m., from the causes and on the date stated above.

SIGNATURE Dr. V. Guerman (DEGREE OR TITLE) M.D. ADDRESS Deer's Head STATE HOSPITAL, Salisbury DATE SIGNED 7/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 7-6-53 NAME OF CEMETERY OR CREMATORY New Town Cem. LOCATION (City, town, or county) (State) Cordova, Md.

DATE REC'D BY LOCAL REG. 7-6-53 REGISTRAR'S SIGNATURE Mary W. Holloway **24. FUNERAL DIRECTOR** James B. Dashiell, Easton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. A15 8-51

RECEIVED
JUL 8 1953
BUREAU V, S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07492

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. ✓
LENGTH OF STAY (in this place) 3 1/2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deerhead St. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown ✓ X
STREET ADDRESS (If rural, give location) Route # 2 ✓

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) — (Last) Borne.
4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 4-8-1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): U.S. 60
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Clanney
14. MOTHER'S MAIDEN NAME: Louise Cramer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unknown
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infarction of myocardium	15 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary arteritis	?
DUE TO		
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1953, to 7-2, 1953 that I last saw the deceased alive on 7-2, 1953 and that death occurred at 8:20 A.m., from the causes and on the date stated above.

SIGNATURE Robert J Gore (DEGREE OR TITLE) MD ADDRESS Deerhead S.H. DATE SIGNED 7-2-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7-4-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md

DATE REC'D BY LOCAL REG. 7-2-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Hill & Johnson Co. Salisbury Md. George L Hill II
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 93

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Bowman

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 6/8/1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pomonkey, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henrey Bowman
14. MOTHER'S MAIDEN NAME: Julia Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unknown
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Deer's Head Hospital record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443 X

			Interval Between Onset and Death
Immediate cause	(a)	Recurrent cerebral hemorrhage	19 h.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive cardiovascular disease	7 years
	DUE TO (c)	Arteriosclerosis general	10 years

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1952, to 7/5/, 1953, that I last saw the deceased alive on 7/5/, 1953, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

SIGNATURE Dr. Vjeuerman (DEGREE OR TITLE) MD ADDRESS Deer's Head State Hospital, Salisbury DATE SIGNED 7/5/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 7-8-53
NAME OF CEMETERY OR CREMATORY Anatomical Bd. of Md
LOCATION (City, town, or county) (State) Balto
DATE REC'D BY LOCAL REG. 7-8-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker M West ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6 8-51

1

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RECEIVED
JUL 10 1953
BUREAU V. S.

07494

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monie

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Aurillia (Middle) — (Last) Bozman

4. DATE OF DEATH: (Month) 7 (Day) 20 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2/18/1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Champ Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Solomon Bedsworth

14. MOTHER'S MAIDEN NAME: Sallie McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Bruce Bozman Monie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral Thrombosis. DUE TO

Antecedent cause(s) (b) arteriosclerosis DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs. ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia 48 hrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1952, to 7/20, 1953, that I last saw the deceased alive on 7/20, 1953, and that death occurred at 4:35 p.m., from the causes and on the date stated above.

SIGNATURE Robert Gore (DEGREE OR TITLE) M.D. ADDRESS Deerhead Hospital DATE SIGNED 7/20/53

23. BURIAL, CREMATION REMOVAL (Specify): buried

DATE THEREOF July 22, 1953

NAME OF CEMETERY OR CREMATORY Oriole Cemetery

LOCATION (City, town, or county) (State) Oriole Md.

DATE REC'D BY LOCAL REG. 7-21-53

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR James Henman ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 23 1953
BUREAU V. S.

Item 7 FilmG155 7/20/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 336

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give near) OR TOWN Delmar; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware; COUNTY Sussex; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar; STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Ralph (Last) Brumbley

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1953

5. SEX Male (Male)

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 8/3/35

9. AGE last birthday 17 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Hatchery

11. BIRTHPLACE (State or foreign country) Delmar, Del.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Roland Brumbley

14. MOTHER'S MAIDEN NAME Susie Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-32-8647

17. INFORMANT AND ADDRESS Roland Brumbley; Delmar, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8/12 X

Immediate cause (a) Fractured skull; multiple fractures of lower extremities. — Interval Between Onset and Death: Sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway

(CITY OR TOWN) Delmar (COUNTY) Wicomico (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 11 (Year) (Hour) 5:30 A.M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Ran into side of trailer truck.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Earl L Royer (Degree or title) M.D. ADDRESS 234 N. Division St; Salisbury, Md. DATE SIGNED 7/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-14-53 — NAME OF CEMETERY OR CREMATORY Smith Memorial — LOCATION (City, town, or county) Delmar (State) Md.

DATE REC'D BY LOCAL REG. July 13-1953 — REGISTRAR'S SIGNATURE Harry E. Hudson Sr

24. FUNERAL DIRECTOR W. S. Maxwell & Son — ADDRESS Delmar, Del.

VS. A15A

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]96

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) RFD #3

3. NAME OF DECEASED: (Type or Print) (First) Sidney (Middle) ✓ (Last) Butler
4. DATE OF DEATH: (Month) July (Day) 3rd (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 8, 1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Concession operator
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Princess Anne, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sidney Butler
14. MOTHER'S MAIDEN NAME: Mary Packard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 218-14-1996
17. INFORMANT & ADDRESS: Carrie Stanley Butler - Delmar, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) DUE TO Myocardial Infarct, acute — Interval Between Onset And Death 4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO arteriosclerotic coronary thrombosis — same

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1953, to 7/3, 1953, that I last saw the deceased alive on 7/3, 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willem R. Ellis MD
ADDRESS Salisbury, Md
DATE SIGNED 7-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-6-53
NAME OF CEMETERY OR CREMATORY Presbyterian Princess Anne
LOCATION (City, town, or county) Princess Anne (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-5-53
REGISTRAR'S SIGNATURE Mary M Holloway
24. FUNERAL DIRECTOR S. Marvel Co. - Delmar, Del.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]97

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Wicomico. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Deershead Hospitall

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Muirkirk

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) alice (Middle) Matilda (Last) Carr.

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2/8/66

9. AGE last birthday: 87- yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Laurel Md.

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: George Wooten

14. MOTHER'S MAIDEN NAME: Annie Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral hemorrhage	24 hrs.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cerebral arteriosclerosis.	?
	DUE TO		
	(c)	Arteriosclerosis General.	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, rt upper lobe. 12 hrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7 1953, to 7/19/ 1953, that I last saw the deceased alive on 7/19/ 1953, and that death occurred at 4:30 pm m., from the causes and on the date stated above.

SIGNATURE Robert J Gore (DEGREE OR TITLE) MD ADDRESS Deershead Hosp. DATE SIGNED 7-20-53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF 7/22/1953 NAME OF CEMETERY OR CREMATORY Laurel Md LOCATION (City, town, or county) Ivy Hill Cemetery (State)

DATE REC'D BY LOCAL REG. 7-20-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR St. St. Chambers Co. ADDRESS Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10 8-51

RECEIVED
JUL 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

53

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.F.D. 4

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ollie	Franklin	Corbin	July	19	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col.	Married	10/26/26	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver & Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Corbin
14. MOTHER'S MAIDEN NAME: Grace Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-20-8083
17. INFORMANT AND ADDRESS: Mrs. Edith C. Corbin; Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burns of entire body — 14 hrs

916.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Factory
(CITY OR TOWN): Salisbury — (COUNTY): Wicomico — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): July 18 1953 m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Feather cooker exploded and burned him.

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection (✓), Inquiry (✓) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ( ), accident ( ), suicide ( ), homicide ( ), undetermined ( ).*

SIGNATURE (Degree or title): [signature]; Deputy Medical Examiner; ADDRESS 224 N. Division St. Salisbury, Md. DATE SIGNED 7/21/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/22/53	Mt. Calvery Cem.	Fruitland	Md.

DATE RECD BY LOCAL REG. 7-22-53 — REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR: STEWART FUNERAL HOME — ADDRESS 324 E. Church St
Mary A. Stewart, Salisbury, Md.

RECEIVED
JUL 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown-Rural
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel, Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
STREET ADDRESS (If rural give location) Laurel Rd

3. NAME OF DECEASED: (Type or Print) (First) Kenneth (Middle) Waddell (Last) Cornish
4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 25 1941
9. AGE last birthday: 12 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Cornish
14. MOTHER'S MAIDEN NAME: Lulu Nutter
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Lulu Cornish

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
414X
Immediate cause (a) Valvular Disease (Cardiac)
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Possibly Rheumatic
DUE TO
(c)

Interval Between Onset And Death: 6 years ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1953, to July 29, 1953, that I last saw the deceased alive on July 29, 1953, and that death occurred at 9 am, from the causes and on the date stated above.
SIGNATURE (Degree or title) H. S. Kuhlman M.D. ADDRESS Sharptown Md DATE SIGNED 7/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 3, 1953
NAME OF CEMETERY OR CREMATORY Zion
LOCATION (City, town, or county) Sharptown (State) MD
DATE REC'D BY LOCAL REGISTRAR Aug 3, 1953
REGISTRAR'S SIGNATURE Mary C. Owens
24. FUNERAL DIRECTOR Paul J. Smith ADDRESS Sharptown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
AUG 5 1953
BUREAU V. S.

Dr Gramse

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (25(11)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 326 Poplar Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) GARFIELD (Last) DAVIS

4. DATE OF DEATH: (Month) JULY (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 8, 1894

9. AGE Last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook at Restaurant

10b. KIND OF BUSINESS OR INDUSTRY: Cooking

11. BIRTHPLACE (State or foreign country): Powellville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles H. Davis

14. MOTHER'S MAIDEN NAME: Alice Lee Graves NOT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mande Hill (Sister)

18. MEDICAL CERTIFICATION 326 Poplar Hill Ave Salisbury

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490X

Immediate cause (a) Lobar pneumonia

DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17, 1953, to 7/20, 1953, that I last saw the deceased alive on 7/20, 1953, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Fred R. Gramse M.D Salisbury Md 7/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 24, 1953

NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery

LOCATION (City, town, or county) (State): Near Powellville, Maryland

DATE REC'D BY LOCAL REG.: 7-24-53

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: HOLLOWAY & COMPANY* SALISBURY MARYLAND

Walter R. Holloway

VS. A15 8-51

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]501

Dr. Mitchell

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-8 8-51

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): R. D. # 2

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) DALE (Last) DENNIS

4. DATE OF DEATH: (Month) JULY (Day) 18 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov. 16, 1952

9. AGE last birthday: 0 yrs. — IF UNDER 1 YEAR: Months 8, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Pen. Gen. Hospital-Salisbury

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William C. Dennis

14. MOTHER'S MAIDEN NAME: Betty Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Betty Dennis (Mother) R. D. # 2

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

574.0

Immediate cause (a) Dehydration & acidosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO

(b) Diarrhea & vomiting - Gastro-

(c) enteritis Coxsackie organism suspected.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 7/4/53 19..... to 7 PM 7/18 19 53, that I last saw the deceased alive on 7/18/53, 19..... and that death occurred at 7:10 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Andrew C. Mitchell MD 288 N. Division 7/20/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 21, 1953 — NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 7-20-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: HOLLOWAY & COMPANY * SALISBURY MARYLAND

Walter R. Holloway — Walter R. Holloway

20X224 3304

RECEIVED
JUL 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07502

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbackville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First) Maggie (Middle) D. (Last) Ellis

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept 16, 1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Clay Lindsay
14. MOTHER'S MAIDEN NAME: Amanda P. Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. John A. Selby Greenbackville Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset And Death 1 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 1953, to 7.26, 1953 that I last saw the deceased alive on 7.26, 1953 and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE H. A. Brill (Degree or title) M.D. ADDRESS 226 N. Division St DATE SIGNED 7.28.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-29-53
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7-28-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07503

CERTIFICATE OF DEATH

Reg. Dist. No. 791

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH: Wicomico COUNTY; Salisbury MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; LENGTH OF STAY (in this place): 2yrs. 9days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE; Talbot COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newcomb; STREET ADDRESS (If rural, give location): ?

3. NAME OF DECEASED: (First) Fannie (Middle) (Last) Facklam

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 28, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fritz Facklam

14. MOTHER'S MAIDEN NAME: Victoria Maier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: L. H. Harrison, St. Michaels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Heart disease — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Disease ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13, 19 53, to 7-22, 19 53, that I last saw the deceased alive on 7-22, 19 53, and that death occurred at 9 50 A.m., from the causes and on the date stated above.

SIGNATURE Robert Rice MD (DEGREE OR TITLE) ADDRESS Deerhead Hospital DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/25/53

NAME OF CEMETERY OR CREMATORY: Christ Cemetery

LOCATION (City, town, or county) (State): St. Michaels Md

DATE REC'D BY LOCAL REG. July 24, 53

REGISTRAR'S SIGNATURE: Mrs Robt R. Leeds

24. FUNERAL DIRECTOR: H. Hampton Harrison St. Michaels Md ADDRESS

RECEIVED
JUL 29 1953
BUREAU V. S.

7504

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 344 Delaware Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 344 Delaware Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	E.	Fields	7	20	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widow	1854	99 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Allen, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Julian Leonard; 344 Del. Ave/Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

444.3 **Immediate cause** (a) Acute cardiac decompensation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	None			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Wille at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fay [illegible]	Deputy Medical Examiner;	224 N. Division St. Salisbury, Md.	7/21/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/23/53	Mt. Olivet Cem.	Fruitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-24-53	Mary M. Holloway	Booker T. West	Salisbury Md.

RECEIVED
JUL 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7505

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) R.F.D. #3

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Bessie (Last) Freeman
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Mar 24 1885
9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Berlin R.R. Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Timmons
14. MOTHER'S MAIDEN NAME: Ellen Bethards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr. Norman Ayres Talbot, Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
331 X
Immediate cause (a) Cerebral Hemorrhage — 1 yr.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)
(26.X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetis Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27, 1953, to 7/1, 1953, that I last saw the deceased alive on 7/1, 1953, and that death occurred at 8.55 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Lee L Lowry M.D. — ADDRESS Fruitland Md — DATE SIGNED 7-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 7-3-53 — NAME OF CEMETERY OR CREMATORY Riverside Cemetery — LOCATION (City, town, or county) (State) Berlin, R.R. Md

DATE REC'D BY LOCAL REGISTRAR 7-3-53 — REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Anna A. Burbage — ADDRESS Berlin, Md
Per M.W.H

VS. A15

RECEIVED
JUL 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (25016)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. D. # 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar
STREET ADDRESS (If rural, give location): R. D. # 3

3. NAME OF DECEASED: (Type or Print) (First) ADELINE (Middle) W (Last) FREENY

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 28, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 11 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): Wetipquin, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Noah White

14. MOTHER'S MAIDEN NAME: Mary Jane Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — **(If Yes, give war or dates of service):** No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Louis Brumbly (Daughter) R. D. # 3

18. MEDICAL CERTIFICATION Delmar, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151X

Immediate cause (a) Cancer of Stomach DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19....., to July 13, 19 53, that I last saw the deceased alive on June, 19 53, and that death occurred at 9:45 A. M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

H. L. Sohler M.D. Delmar Md 7-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 15, 1953 — NAME OF CEMETERY OR CREMATORY: Quantico Church Cemetery — LOCATION (City, town, or county) (State): Quantico, Maryland

DATE REC'D BY LOCAL REG. 7-14-53 — REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Company - Salisbury, Maryland

Walter R. Holloway

RECEIVED
JUL 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Florida — COUNTY: ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: South-bog
STREET ADDRESS (If rural, give location): (?)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Glover
4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 1928
9. AGE last birthday: 25 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Migratory laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm work
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY? N Sar
13. FATHER'S NAME: (?) Glover
14. MOTHER'S MAIDEN NAME: Lively Knight
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Peninsula General Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Arrest — DK

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Loss of blood shock

(c) Homicide by firearm

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholic drinking

19a. DATE OF OPERATION: 7/25/53
19b. MAJOR FINDINGS OF OPERATION: 3 different bullet wounds in chest. one going through spleen
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Fort Camp — (CITY OR TOWN): Pocomoke City (Rural) — (COUNTY): Worcester — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): July 25. 1953 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Deceased had attacked the one accused.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.

SIGNATURE: Dr. W. E. Sartorius (Degree or title) Dep Med Exam — ADDRESS: Pocomoke City, Md — DATE SIGNED: 7/28/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 7-30-53 — NAME OF CEMETERY OR CREMATORY: Anatomical Bd. — LOCATION (City, town, or county): Baltimore — (State): Md

DATE REC'D BY LOCAL REG.: 7-30-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Barker M Cust — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

RECEIVED
AUG 3 1953
BUREAU V. &

Dr. Gore

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07508

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula St Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 705 Taylor Street
STREET ADDRESS (If rural, give location) Salisbury. Md.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Robert (Last) Green

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 19 53

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/7/86.

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): painter

10b. KIND OF BUSINESS OR INDUSTRY: House Painting

11. BIRTHPLACE (State or foreign country): Salisbury

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Green

14. MOTHER'S MAIDEN NAME: Mary ~~Gatte~~ Belle McGrath.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes — (If yes, give war or dates of service) World War #2

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Mrs. Mary A. Elliott (sister) 705 Taylor St Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Infarction of myocardium — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary arteritis — DUE TO

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: (a) 6 hrs. (b) ? (c) ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/13, 19 53, to 7/19, 19 53, that I last saw the deceased alive on 7/19, 19 53, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE Robert Gore (DEGREE OR TITLE) MD ADDRESS Peninsula St Hosp. DATE SIGNED 7-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 21, 1953 — NAME OF CEMETERY OR CREMATORY Parsons Cem — LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 7-20-53 — REGISTRAR'S SIGNATURE Margie W. Holloway

24. FUNERAL DIRECTOR — ADDRESS Holloway & Company -, Salisbury, Maryland

Walter R. Holloway

RECEIVED
JUL 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07509

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) R.F.D. #4

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Lee (Last) Hall

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 12, 1953 10 12 pm

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 1 — Min. 35

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard James Hall

14. MOTHER'S MAIDEN NAME: Mary Ellen Shrieves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Mr. Howard Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X

Immediate cause (a) Prematurity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1953, to 7/12, 1953, that I last saw the deceased alive on 7/12, 1953, and that death occurred at 1:45 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) William D Gray, MD — ADDRESS Salisbury Md — DATE SIGNED 7/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 7/14/53 — NAME OF CEMETERY OR CREMATORY Peninsula General Hospital — LOCATION (City, town, or county) Salisbury Wicomico (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-14-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS Peninsula General Hospital Salisbury, Md.

20-7-3192241

RECEIVED
JUL 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 510

Dr. Gilmore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 721 Camden Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 721 Camden Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) GRAFTON (Last) HARDESTY

4. DATE OF DEATH: (Month) JULY (Day) 27 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 21 March 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 4 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building Construction
11. BIRTHPLACE (State or foreign country): Sudlersville, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Hardesty
14. MOTHER'S MAIDEN NAME: Susie Skinner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Sadie Hardesty (Wife) 721 Camden Ave. Salisbury, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Artery Thrombosis — Interval Between Onset And Death: 10 hours

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) " " Atherosclerosis — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1953, to July 27, 1953, that I last saw the deceased alive on July 27, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED July 28 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 29 July 1953
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 7-29-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY * ADDRESS SALISBURY, MARYLAND

Walter R. Holloway Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUL 31 1953
BUREAU V. S.

07511

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R. D. # 3

3. NAME OF DECEASED: (Type or Print) (First) CHRISTOPHER (Middle) C. (Last) HASTINGS
4. DATE OF DEATH: (Month) JULY (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 4, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: At Own Farm
11. BIRTHPLACE (State or foreign country): R. D. Salisbury Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Shella Hastings
14. MOTHER'S MAIDEN NAME: Amanda Holder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Irving Hastings (Son) R.D. #3

18. MEDICAL CERTIFICATION Mt. Herman Rd. Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 451X
Immediate cause (a) Dissecting aortic Hemorrhage
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH 2 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-1 -53
19b. MAJOR FINDINGS OF OPERATION: Retroperitoneal hematoma
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:25 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) William B. Fisher Jr. ADDRESS Salisbury Md. DATE SIGNED 7-2-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 4, 1953
NAME OF CEMETERY OR CREMATORY Parson Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 7-2-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR ADDRESS Holloway & Company - Salisbury, Maryland

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
JUL 7 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 104 Walnut Street

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Catherine (Last) Hastings
4. DATE OF DEATH (Month) July (Day) 27 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/5/28
9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Office work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chance, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Norris E. Gibson
14. MOTHER'S MAIDEN NAME: Sula Bozman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Sula Gibson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 970.1 (a) Morphine & nembutal poisoning; c — INTERVAL BETWEEN ONSET AND DEATH 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Oedema of brain and terminal pneumonia

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: None
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home
21c. (City or town, Salisbury) (County) Wicomico (State) Maryland
21d. TIME OF INJURY (Month) 7 (Day) 23 (Year) 53 (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Suicide - Took drugs

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/29/53
NAME OF CEMETERY OR CREMATORY Oriole Cemetery
LOCATION (City, town, or county) Oriole, Maryland (State)

DATE REC'D BY LOCAL REG. 7-28-53
REGISTRAR'S SIGNATURE Mary M. Holloway
24. FUNERAL DIRECTOR Irvin R. Wilson ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 8-53

RECEIVED
JUL 30 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03513

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 106 Lincoln Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Patrick	Henry	Hearn	7	4	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	married	12-29-'64	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Car Inspector		Delmar	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stephen Hearn	Maranda Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Leo B. Hearn - Delmar, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Burns of Entire Body	19 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Delmar	Sussex	Del

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
7	3	53	7 a.m.		Fell into hot water heater. Explosion

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J.A. Rademaker	M.D.	224 W. Dual Salisbury Md	7-5-53

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	7-6-53	Hearn	Delmar	Delaware

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-5-53	Mary W. Holloway	W.S. Howard Co. - Delmar, Del.	

RECEIVED
JUL 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5514

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12 — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Betty (Middle) (Last) Hoffman

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 5 1889

9. AGE last birthday IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.: 64 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife Household duties

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Horner

14. MOTHER'S MAIDEN NAME: Melissa Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Stanley Hoffman Husband Wenona Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mesenteric Thrombosis — Interval Between Onset And Death: 24 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Acute pancreatitis — 12 hrs.

DUE TO

(c) Cholelithiasis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1953, to 7-2, 1953 that I last saw the deceased alive on 7-2, 1953 and that death occurred at 4:50 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wilbur R. Ellis, Jr. M.D. Salisbury, Md 7-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 5 1953 — NAME OF CEMETERY OR CREMATORY St. John's Cemetery — LOCATION (City, town, or county) (State) Deal Island Md

DATE REC'D BY LOCAL REGISTRAR 7-3-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR L S Webster — ADDRESS Deal Island Md

RECEIVED
JUL 7 1953
BUREAU V. S

07515

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) Most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 422 Stewart Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 422 Stewart Place

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Parsons (Last) Horton

4. DATE OF DEATH: (Month) 7 - (Day) 22 - (Year) 1953

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 4-28-'17

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months 2 Days 24 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer-Maid

10b. KIND OF BUSINESS OR INDUSTRY: Laundry- Dr's Office

11. BIRTHPLACE (State or foreign country): Salisbury, Wicomico Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Parsons

14. MOTHER'S MAIDEN NAME: Fannie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 219-05-3601

17. INFORMANT & ADDRESS: Mr. Joseph Horton, 422 Stewart Pl. Salis. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) Cardiac failure - hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH 6 weeks.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Miliary pulmonary tuberculosis, healed inactive; Secondary nutritional anemia; Myoma uteri; ? chronic glomerulonephritis?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4, 1950, to death, 19....., that I last saw the deceased alive on 7/22, 1953, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE Ernest M. Larmore (DEGREE OR TITLE) M. D. ADDRESS Delmar Del DATE SIGNED 7/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-26-'53

NAME OF CEMETERY OR CREMATORY Green Acres Memorial Park

LOCATION (City, town, or county) (State) Salisbury, Wicomico Co., Md.

DATE REC'D BY LOCAL REG. 7-25-53

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR STEWART FUNERAL HOME ADDRESS 324 E. Church St.

Mary A. Stewart, Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

516

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 month 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 16 Main Street

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Howard (Last) Landon

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel E. Howard
14. MOTHER'S MAIDEN NAME: Sallie Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 332 X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	4 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Thrombosis	4 months
	DUE TO (c) Arterio sclerosis.	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Urinary Tract Infection ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1953, to July 23, 1953, that I last saw the deceased alive on July 23, 1953, and that death occurred at 1 40 P.m., from the causes and on the date stated above.

SIGNATURE Robert J Gore (DEGREE OR TITLE) Mo ADDRESS Deerhead State Hosp. DATE SIGNED 7-23-53

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF July 26, 1953
NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery
LOCATION (City, town, or county) Crisfield, Md. (State)
DATE REC'D BY LOCAL REG. 7-24-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Bradshaw Funeral Parlor ADDRESS 531 Main St. - Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 8-51

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07517

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temperanceville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Conquest (Last) Lang

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 19, 1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Assawoman Va.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William H. Conquest
14. MOTHER'S MAIDEN NAME: Ida Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Amos E. Lang, Temperanceville Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death: 1 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of Rectum — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 1953, to July 13, 1953, that I last saw the deceased alive on 7-13, 1953, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE H. A. Brule (Degree or title) M.D. ADDRESS 226 N. Division St DATE SIGNED 7.13.53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 7/15/53
NAME OF CEMETERY OR CREMATORY John W. Taylor Memorial
LOCATION (City, town, or county) Temperanceville (State) Va

DATE REC'D BY LOCAL REGISTRAR 7-23-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR J. D. Johnson Jr. Parksley, Va
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 1

RECEIVED
JUL 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

18

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ADDIE (Middle) (Last) LARMORE
4. DATE OF DEATH (Month) July (Day) 10 (Year) 1953
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH July 13, 1873
9. AGE last birthday 79 yrs. If under 1 year Months 11 Days 27 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Ambrose Larmore
14. MOTHER'S MAIDEN NAME Charlotte Robertson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Archie Larmore – Tyaskin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☑, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. A. Radcumber (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 7-11-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/12/53
NAME OF CEMETERY OR CREMATORY Tyaskin Methodist Cem.
LOCATION (City, town, or county) Tyaskin (State) Md

DATE REC'D BY LOCAL REG. 7-13-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius D. Ingersoll ADDRESS Bevalve, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 15 1953
BUREAU V. S.

07519

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 26 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) (Last) Lee

4. DATE OF DEATH: (Month) (Day) (Year) July - 14 - 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 2-1872

9. AGE last birthday: 80 yr. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Queen Anne's County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Harris

14. MOTHER'S MAIDEN NAME: Hester Hinds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Nephrosclerosis	6 mo.
	DUE TO (c) Edema pulmonum due to A.S.C.V.D.	3 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. General arteriosclerosis — 18 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/18, 1953, to 7/14, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Dr. V. Fuerman — M.D. Deer's Head State Hospital Salisbury

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 17, 1953 — NAME OF CEMETERY OR CREMATORY Westley — LOCATION (City, town, or county) (State) Stevensville Md

DATE REC'D BY LOCAL REGISTRAR: July 16, 1953 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: J. B. Johnson — Annapolis Md.

VS. 8-51

RECEIVED
JUL 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Rademaker

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

20

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 E. Lincoln Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 400 E. Lincoln Avenue

3. NAME OF DECEASED (Type or Print) (First) George (Middle) William Thomas (Last) Leonard
4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 21,1890
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR Building Construction
11. BIRTHPLACE (State or foreign country) Snow Hill, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph B. Leonard
14. MOTHER'S MAIDEN NAME Gertrude Dennis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Alice S. Leonard (Wife) 400 E. Lincoln Ave. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. A. Rademaker (Degree or title) Deputy Medical Examiner; ADDRESS 224 N. Division St. Salisbury, Md. DATE SIGNED 7/17/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 18-1953
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland
DATE REC'D BY LOCAL REG. 7-18-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Company - ADDRESS Salisbury, Maryland

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

'CEIVED
JUL 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tri-Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
STREET ADDRESS (If rural give location) Isle of Wight Trailer Park

3. NAME OF DECEASED: (Type or Print) (First) ALFRED (Middle) G. (Last) LUNN

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov 10, 1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Lawn Professor
10b. KIND OF BUSINESS OR INDUSTRY: College
11. BIRTHPLACE (State or foreign country): Philadelphia Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lunn
14. MOTHER'S MAIDEN NAME: Alice Huxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John Lunn Scottsburg Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200

Immediate cause (a) DUE TO Myocardial Infarct, acute — Interval Between Onset And Death: 6 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DUE TO Arteriosclerotic Heart disease — unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-28, 1953, to 7-28, 1953 that I last saw the deceased alive on 7-28, 1953 and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur R. Ellis, Jr. MD
ADDRESS Salisbury, Md.
DATE SIGNED 7-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 7-30-53
NAME OF ~~CEMETERY~~ OR CREMATORY Silverbrook
LOCATION (City, town, or county) Wilmington (State) Del

DATE REC'D BY LOCAL REGISTRAR 7-29-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR W. S. Mason Co.
ADDRESS Seilmar, Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

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RECEIVED
JUL 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Gray

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 308 Hazel Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury
STREET ADDRESS (If rural give location): 302 Hazel Avenue

3. NAME OF DECEASED (Type or Print): (First) BEULAH (Middle) KATE (Last) LYNCH

4. DATE OF DEATH: (Month) JULY (Day) 29 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 8, 1885

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Willards Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: (No Record) Wilkins

14. MOTHER'S MAIDEN NAME: Sallie Mary Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Walter Jones (Daughter) 302 Hazel Ave.

18. MEDICAL CERTIFICATION Salisbury, Maryland

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Thrombosis DUE TO	7 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertensive C-V Disease DUE TO	3 yrs
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 19 53 to July 29, 19 53, that I last saw the deceased alive on July 29, 19 53, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

William D Gray MD Salisbury Md 7-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 31 July 1953 — NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7-31-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: HOLLOWAY & COMPANY * SALISBURY, MARYLAND

Walter R. Holloway

VS. A18

RECEIVED
AUG 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 523

CERTIFICATE OF DEATH

Reg. Dist. No. 335

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
MARYLAND LENGTH OF STAY (in this place) 78 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
STREET ADDRESS (If rural give location) State Rd

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) May (Last) Marine

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 13 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country) MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James F. Marine

14. MOTHER'S MAIDEN NAME: Julia Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Miss Mary Marine

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171

Immediate cause (a) Carcinoma of Breast DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 2 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1953, to July 5, 1953 that I last saw the deceased alive on July 4, 1953 and that death occurred at 3:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Rosco Elliott M.D. ADDRESS Laurel - Del DATE SIGNED 7-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/7/53 NAME OF CEMETERY OR CREMATORY Firemens LOCATION (City, town, or county) Sharptown (State) MD

DATE REC'D BY LOCAL REGISTRAR July 7, 1953 REGISTRAR'S SIGNATURE Mary C. Owens

24. FUNERAL DIRECTOR Paul J Smith ADDRESS Sharptown Md

RECEIVED
JUL 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 524

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:
COUNTY WICOMICO MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SHARPTOWN
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAIN ST

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY WICOMICO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SHARPTOWN
STREET ADDRESS (If rural give location) MAIN ST

3. NAME OF DECEASED: (Type or Print) (First) NANCY (Middle) ELIZABETH (Last) MARINE
4. DATE OF DEATH: (Month) JULY (Day) 2 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: APRIL 18, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: ANDREW J. CALLOWAY
14. MOTHER'S MAIDEN NAME: JANE COLBOURNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: LUTHER MARINE - SHARPTOWN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Carcinoma of bladder

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) With Pyelonephritis DUE TO (c)

Interval Between Onset And Death: 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/10/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1953, to 7/2, 1953, that I last saw the deceased alive on 6/30, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE Osborne Christensen (Degree or title) M.D., Facs. ADDRESS Salisbury, Md. DATE SIGNED 7/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 7/4/53
NAME OF CEMETERY OR CREMATORY FIREMENS
LOCATION (City, town, or county) SHARPTOWN (State) MD
DATE REC'D BY LOCAL REGISTRAR 7/4/53
REGISTRAR'S SIGNATURE Mary C. Owens
24. FUNERAL DIRECTOR Paul J. Smith ADDRESS Sharptown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1953
BUREAU V. S.

07525

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1 PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worc
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
STREET ADDRESS (If rural give location) Collins St

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) (Last) Marshall

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 27, 1906
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months 4 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Tank Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Gas Co.
11 BIRTHPLACE (State or foreign country): Mappsville, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George T. Marshall
14. MOTHER'S MAIDEN NAME: Maggie L. Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-09-1468
17. INFORMANT & ADDRESS: Mrs. Frances J. Marshall (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162.X

Immediate cause (a) Carcinoma of Lung (Bronchogenic) — Interval Between Onset And Death: Approx 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953, to July 20, 1953 that I last saw the deceased alive on July 20, 1953 and that death occurred at 1:40 A.M. from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED July 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-22-53 NAME OF CEMETERY OR CREMATORY Bowen M.E. Cemetery LOCATION (City, town, or county) Newark, Md (State)

DATE REC'D BY LOCAL REGISTRAR 7-20-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Elsie E. Jenkins ADDRESS Snow Hill

mnb.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 382 ... 325

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH.
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tri State Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parsonsburg
STREET ADDRESS (If rural give location) R F D #3

3. NAME OF DECEASED: (Type or Print) First: Rose (Middle): M (Last): Martin

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-19-1908

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11 BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Burl Payne

14. MOTHER'S MAIDEN NAME: Sarah Jennings

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Roy S. Hyatt - Berlin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0

Immediate cause (a) Chronic Pyelonephritis with — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) recurrent renal stone and uremia — DUE TO

(c)

Interval Between Onset And Death: 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1950, to death, 19.., that I last saw the deceased alive on 7/18, 1953, and that death occurred at 2 PM from the causes and on the date stated above.

SIGNATURE Ernest M. Farmer (Degree or title) M. D. — ADDRESS Laurel, Del — DATE SIGNED 7/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-20-53 — NAME OF CEMETERY OR CREMATORY MT Olive — LOCATION (City, town, or county) Laurel (State) Del

DATE REC'D BY LOCAL REGISTRAR 7-20-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR H. S. Hyatt & Son — ADDRESS Laurel, Del

RECEIVED
JUL 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Gilmore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
STREET ADDRESS (If rural give location) R.D.

3. NAME OF DECEASED: (Type or Print) (First) Lee (Middle) (Last) Messick

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 27, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Quantico, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Columbus Messick
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Nelson Messick (Son) S. Division, St. Salisbury, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Artery Occlusion — Interval Between Onset And Death: 14 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Atherosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1953, to July 9, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 10:42 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) David Gilmore M.D. ADDRESS Salisbury Md DATE SIGNED July 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 11, 1953
NAME OF CEMETERY OR CREMATORY Episcopal Cemetery.
LOCATION (City, town, or county) (State) Quantico, Maryland.
DATE REC'D BY LOCAL REGISTRAR 7-11-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Company - Salisbury, Maryland ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

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RECEIVED
JUL 1 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (53)28

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 10 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pyastan
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) Lydia (Middle) Culver (Last) Mezick

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 22, 1886

9. AGE Last birthday: 67 yrs. IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS. Hours: Min. 3

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William W. Culver

14. MOTHER'S MAIDEN NAME: Zenna Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. R. S. Bounds, Sr., Salisbury, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary artery Atherosclerosis

DUE TO

(c)

Interval Between Onset And Death: 1 day

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1953, to July 25, 1953 that I last saw the deceased alive on July 27, 1953, and that death occurred at 7:18 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
David J. Gelmore M.D. Salisbury Md. July 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/28/53 NAME OF CEMETERY OR CREMATORY Parsons Cemetery LOCATION (City, Town, or county) Salisbury (State) Md.

DATE RECD BY LOCAL REGISTRAR 7-28-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS The Dill & Johnson Co.
George C. Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (57-24)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural give location) no #

3. NAME OF DECEASED: (Type or Print) First: John (Middle): E (Last): Miner

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 11, 1887

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Store Keeper

10b. KIND OF BUSINESS OR INDUSTRY: own Store

11. BIRTHPLACE (State or foreign country): Saratoga Springs N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clinton Miner

14. MOTHER'S MAIDEN NAME: Mary Flemmicky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ? (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-03-0470

17. INFORMANT & ADDRESS: Mrs Eva Miner Newark Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Coronary occlusion — Interval Between Onset And Death: 4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Duodenal ulcer — 3 years

19a. DATE OF OPERATION: 7-11-53

19b. MAJOR FINDINGS OF OPERATION: duodenal ulcer - from which hemorrhage had occurred

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6 ,1953, to July 19, 1953, that I last saw the deceased alive on July 19, 1953, and that death occurred at 10:25 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): J A Rademaker M D — ADDRESS: Salisbury Md — DATE SIGNED: 7-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: 7-21-53 — NAME OF CEMETERY OR CREMATORY: Trinity Memorial Gardens — LOCATION (City, town, or county) (State): Newark Md.

DATE REC'D BY LOCAL REGISTRAR: 7-21-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Selbyville, Del.

RECEIVED
JUL 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (53-30)

Dr. Wm Smith

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 411 Race Street

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) ELLEN (Last) MITCHELL

4. DATE OF DEATH: (Month) JULY (Day) 18 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 14, 1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months 5 Days — IF UNDER 24 HRS.: Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): Frankford, Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Tumey

14. MOTHER'S MAIDEN NAME: Elinora Hitchens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mettie M. Hopkins (Daughter)

18. MEDICAL CERTIFICATION 411 Race St. Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.2

Immediate cause (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) " degeneration

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1953, to 7/18, 1953, that I last saw the deceased alive on 7-18, 19 53 and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE: Wm B. Smith (DEGREE OR TITLE) M.D. ADDRESS: Salisbury Md. DATE SIGNED: 7/20/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 22 1953 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 7-20-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: HOLLOWAY & COMPANY * SALISBURY MARYLAND

Walter R. Holloway — Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 23 1953
BUREAU V. S.

Dr. Gray

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 531

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 1009 Bell Ave

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) (Last) Murphy

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 23-1892-61
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Insurance agent
10b. KIND OF BUSINESS OR INDUSTRY: Auto Insurance
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: No Record.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes If Yes give war or dates of service: Wld War #1.
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. David Murphy (Wife) 1009 Bell Ave. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetic Coma — Interval Between Onset And Death: 1 wk

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Gangrene of Rt. leg. — 3 wks
DUE TO (c) Uremia — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1953, to 7/17, 1953, that I last saw the deceased alive on 7/16, 1953, and that death occurred at 4:10 AM from the causes and on the date stated above.
SIGNATURE William D Gray (Degree or title) MD ADDRESS Salisbury, Md DATE SIGNED 7-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 19, 1953
NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park
LOCATION (City, town, or county) (State): Salisbury, Maryland
DATE REC'D BY LOCAL REGISTRAR: 7/17/53
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Maryland
Walter R. Holloway

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

532

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 15

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deals Island R#1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Virginia (Last) Nutter

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec 15, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chance, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Freeman Jones

14. MOTHER'S MAIDEN NAME: Sarah Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS Norris Nutter Deals Island, Md Box 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Generalized arteriosclerosis

(c)

Interval Between Onset And Death: 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10 1953 to 7/20 1953, that I last saw the deceased alive on 7-20 1953 and that death occurred at 9:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willem R. Ellis, Jr. M.D. ADDRESS Salisbury, Md. DATE SIGNED 7-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-26-53 NAME OF CEMETERY OR CREMATORY John Wesley Cemetery LOCATION (City, town, or county) Deal Island (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-21-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Charles H. Ward ADDRESS Marion Station, Md

RECEIVED
JUL 23 1953
BUREAU V. £

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 533

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 7 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.#I.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.D.#I.

3. NAME OF DECEASED: (Type or Print) (First) Theresa (Middle) ——— (Last) Palme

4. DATE OF DEATH: (Month) July (Day) 10. (Year) 1953 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov. 1. 1860.
9. AGE last birthday: 92. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home.
11. BIRTHPLACE (State or foreign country): Germany.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record (Bachel)
14. MOTHER'S MAIDEN NAME: No Record.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Mary Schiebel (Daughter) R.D.#I.

18. MEDICAL CERTIFICATION Salisbury, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 434.1

Immediate cause (a) Congestive heart failure DUE TO

Antecedent cause(s) (b) Senility DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7/53, 1953, to 7/10, 1953, that I last saw the deceased alive on 7/7, 1953, and that death occurred at 9.10 P.M. m., from the causes and on the date stated above.

SIGNATURE Andrew C. Mitchell (DEGREE OR TITLE) M.D. ADDRESS 228 N. Division DATE SIGNED 7/11/53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF July 13. 1953.
NAME OF CEMETERY OR CREMATORY J.WM. Lee'S & Sons
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 7-11-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Company ADDRESS Salisbury, Md.
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIS 8-51

1

T

RECEIVED
JUL 14 1953
BUREAU V. S.

Dr. Gore

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

34

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Maryland
STREET ADDRESS (If rural, give location) 211 Calvert Street

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Mowbray (Last) Parks

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 12, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: House Painter

11. BIRTHPLACE (State or foreign country): Nanticoke Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Parks

14. MOTHER'S MAIDEN NAME: Lena Street

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Sara Parks Meade (Sister) 725 S. Div. St. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 162X

		Interval Between Onset and Death
Immediate cause	(a) Massive ~~Pulmonary~~ Pulmonary hemorrhage.	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Bronchogenic Carcinoma.	?
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pleural fistula due to Infection. 6 wks.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1953, to 7-20, 1953, that I last saw the deceased alive on 7-20, 1953, and that death occurred at 4:05A m., from the causes and on the date stated above.

SIGNATURE Robert J Gore (DEGREE OR TITLE) MD ADDRESS Deershead Hospital DATE SIGNED 7-20 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 22 1953 NAME OF CEMETERY OR CREMATORY Parsons Cemetery LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 7-20-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY * SALISBURY MARYLAND ADDRESS

Walter R. Holloway Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1B 8-51

RECEIVED
JUL 23 1953
BUREAU V. S.

07535

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron. Route #2.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) V (Last) Robinson

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct. 8, 1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Factory
11. BIRTHPLACE (State or foreign country): Accomack County, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Robinson
14. MOTHER'S MAIDEN NAME: Tobitha Mapp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Viola Robinson Daughterty, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic C-V Disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to July 25, 1953, that I last saw the deceased alive on July 25, 1953, and that death occurred at 12:35 PM from the causes and on the date stated above.

SIGNATURE William D Gray (Degree or title) Jr. ADDRESS Salisbury Md DATE SIGNED 7-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE TUE 7-25-53 Aug 24 1953 NAME OF CEMETERY OR CREMATORY St. Luke Cemetery. LOCATION (City, town, or county) Daughterty. (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 7-31-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR J. Edgar Thomas. ADDRESS Accomac Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Social Security number is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): 623 Truitt Street

3. NAME OF DECEASED: (First) (Middle) (Last) Rounds
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Male	White		July 25-1953			12

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Maurice Elton Rounds
14. MOTHER'S MAIDEN NAME: Evelyn Marie Purcell

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.): /
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Maurice Rounds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Congenital Anomalies

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 July, 1953, to 25 July 1953, that I last saw the deceased alive on 25 July, 1953, and that death occurred at 4:12 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert Lee Baker MD Salisbury Md 7-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 7/27/53 — NAME OF CEMETERY OR CREMATORY Peninsula General Hospital — LOCATION (City, town, or county) (State) Salisbury, Md

DATE REC'D BY LOCAL REGISTRAR 7-27-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS Peninsula General Hospital Salisbury, Md.

2073362310

VS. A15

RECEIVED
JUL 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico ~~Worchester~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Wayne (Middle) Orlando (Last) Scott
4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 6/13/1942
9. AGE last birthday 11 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Orlando Scott
14. MOTHER'S MAIDEN NAME Nevada Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Orlando Scott, Berlin, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bullet Wound of Heart —

919.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Ocean City (CITY OR TOWN) Ocean City (COUNTY) Worchester (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7/22/53 5:30 Pm.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Accidently shot by boyfriend

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Earl L Royer (Degree or title) M.D. ADDRESS Salisbury, Md DATE SIGNED 7-23-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/24/53
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md
DATE REC'D BY LOCAL REG. 7-23-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Ruth S. Willoughby ADDRESS East New Market Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 331

38

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City, Md.
STREET ADDRESS (If rural, give location) 513 Laurel St.

3. NAME OF DECEASED (Type or Print) (First) BENNIE (Middle) (Last) SMITH
4. DATE OF DEATH (Month) July (Day) 16, (Year) 1953

5. SEX M. M
6. COLOR OR RACE Cal.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 19, 1932
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veteran
10b. KIND OF BUSINESS OR INDUSTRY Army
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Roosevelt Rally
14. MOTHER'S MAIDEN NAME Lillie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WAR II
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS 513 Laurel St. Lillie Smith Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
812 x Immediate cause	(a) Fracture of Base of Scull with	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Concussion + Contusion	5
	(c) Compound Fracture of Femur + Tibia	5

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple contusions + fractures.

19a. DATE OF OPERATION 13 July 53
19b. MAJOR FINDINGS OF OPERATION above - Fractures - Debridement + Traction
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway - Snow Hill (CITY OR TOWN) Snow Hill, (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-13-53 8 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Accidental - Struck Gear -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Hermann Rabbins M.D. (Degree or title) ADDRESS 5 Bay St Berlin Md DATE SIGNED 17 July 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-19-53
NAME OF CEMETERY OR CREMATORY Stockton
LOCATION (City, town, or county) Stockton (State) Md

DATE REC'D BY LOCAL REG. 7-20-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Edgar Wharton ADDRESS New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 45

RECEIVED
JUL 23 1963
BUREAU V. S.

Dr. Wm Smith

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Race Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 309 Race Street

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) MERRILL (Last) TARR

4. DATE OF DEATH: (Month) JULY (Day) 25 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 25, 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Laborer (Farmer)

10b. KIND OF BUSINESS OR INDUSTRY: On Farm

11. BIRTHPLACE (State or foreign country): Worcester County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter C. Tarr

14. MOTHER'S MAIDEN NAME: Rose Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Clara E. Tarr (Wife) 309 Race St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Angina Pectoris

DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 19 53, to 7/24, 19 53, that I last saw the deceased alive on 7/24, 19 53, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B Smith M.D. Salisbury Md. 7/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial July 28 1953 Smullen Cemetery Worcester County, Maryland

DATE RECD BY LOCAL REGISTRAR 7-27-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS
HOLLOWAY & COMPANY * SALISBURY, MARYLAND
Walter R. Holloway

RECEIVED
JUL 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Mann

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Decator Ave.	STREET ADDRESS (If rural, give location) Decator Ave.

3. NAME OF DECEASED: (Type or Print)	(First) WILLIAM	(Middle) P.	(Last) TAYLOR	4. DATE OF DEATH:	(Month) JULY (Day) 21 (Year) 19 53
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced	8. DATE OF BIRTH: July 12, 1885	9. AGE last birthday: 68 yrs.	IF UNDER 1 YEAR Months 0 Days 9 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Laborer on Farm	11. BIRTHPLACE (State or foreign country): Atlantic Virginia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Patrick Taylor	14. MOTHER'S MAIDEN NAME: Georgia Davis				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS: Mr. Fayette L. Taylor (Son) 730 Charles St.			

18. MEDICAL CERTIFICATION Coatesville Pa.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4503

Immediate cause (a) Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio-Sclerosis — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. X-Ray chest was suspicious of C.A. Lung — Unknown

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July, 1950, to July, 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE Hugh R Mann Jr (DEGREE OR TITLE) MD ADDRESS Dalily Bd DATE SIGNED 7/24/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF July 24, 1953	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Princess Anne, Maryland
DATE REC'D BY LOCAL REG. 7-24-53	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR HOLLOWAY & COMPANY * SALISBURY, MARYLAND	ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7, 1

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 10 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3909 Falls Rd.

3. NAME OF DECEASED: (Type or Print) (First) Wilbur (Middle) I. (Last) Thompson

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify):
8. DATE OF BIRTH: March 8, 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: At Large
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thompson, Albert
14. MOTHER'S MAIDEN NAME: Dizney, Ninah

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unknown
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
241X Immediate cause	(a)	Myocardial Insufficiency	48 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Cor Pulmonale	6 mos.
	DUE TO (c)	Bronchial asthma & Emphysema.	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1952, to July 29, 1953, that I last saw the deceased alive on July 29, 1953, and that death occurred at 8:55 P.M., from the causes and on the date stated above.
SIGNATURE Robert J Gore (Degree or title) MD ADDRESS Deerhead State Hosp. DATE SIGNED 7-29-53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF 8/3/53
NAME OF CEMETERY ~~OR CREMATORY~~ St. Marys - Hampden
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

17542

Dr. Wm Smith

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 822 Brown Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural, give location) 822 Brown Street

3. NAME OF DECEASED: (Type or Print) (First) GENEVA (Middle) ***** (Last) TIMMONS

4. DATE OF DEATH: (Month) JULY (Day) 21 (Year) 19 53

5. SEX: Female
5. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 29, 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Champ Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Thomas
14. MOTHER'S MAIDEN NAME: Nettie Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
15. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. William Dykes (Daughter) 822 Brown St.

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 156.1

Immediate cause (a) 3. Carcinoma Liver
DUE TO
Antecedent cause(s) (b) 2. Hypertensive C.V. Disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) 1. Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 21 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

SIGNATURE Wm B. Smith (DEGREE OR TITLE) M.D. ADDRESS Salisbury DATE SIGNED 7-23-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 24, 1953
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 7-24-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY * ADDRESS SALISBURY, MARYLAND

Walter R. Holloway

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT 8-51

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury R 3
LENGTH OF STAY (in this place) 4 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blvd Apts,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomic
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Blvd Apts.

3. NAME OF DECEASED: (Type or Print) (First) RALPH (Middle) HORALD (Last) TINDALL
4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 20, 1900
9. AGE Last birthday: 53 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Sells Tires
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R.H.Tindall
14. MOTHER'S MAIDEN NAME: Harriett Jere Macdonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 169-09-0994
17. INFORMANT & ADDRESS: Mrs Alice Tindall, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
421.1
Immediate cause (a) DUE TO: Coronary Occlusion
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:
(c)
Interval Between Onset And Death: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 52 to July 22, 19 53, that I last saw the deceased alive on July 22, 19 53, and that death occurred at 7:30 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Fred R. Bramse M.D. Salisbury, Md. 7/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 24 53
NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery
LOCATION (City, town, or county) (State) Milliville, N.J.

DATE REC'D BY LOCAL REGISTRAR 7.22 53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co.
ADDRESS Salisbury, Md.
George C Hill

RECEIVED
JUL 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md. LENGTH OF STAY (in this place) 19 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Deershead state Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural, give location) 1022 Edmondson St.

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) (Last) WASHINGTON.

4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 24, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 2 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Northumberland Va.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Westley Washington

14. MOTHER'S MAIDEN NAME: Irene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Louise Armstrong 416 N Strickland St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Recurrent cerebral hemorrhage due to	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive cardiovascular disease	5 years
	DUE TO (c)	Arteriosclerosis general	7 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. aspiration pneumonia 3 days

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1 1952, to 7/12, 1953, that I last saw the deceased alive on 7/11, 1953, and that death occurred at 1:10 a.m. m., from the causes and on the date stated above.

SIGNATURE Dr. V Guerman (DEGREE OR TITLE) MD ADDRESS Deer's Head State Hospital, Salisbury DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 7/16/1953 NAME OF CEMETERY OR CREMATORY Mt Auburn Cem LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 7-14-53 REGISTRAR'S SIGNATURE A. W. Hedrick M.H. 24. FUNERAL DIRECTOR Mrs Katie R Williams ADDRESS 322 N Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 1 yr - 5 mo + 40
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Thomas (Last) Wheat
4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: March 30 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Edema pulmonary — 2 d.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Right heart failure c̄ auricular fibrillation — 3 d.

DUE TO (c) Arteriosclerotic cardiovascular disease — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis general — 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1952, to July 15, 1953, that I last saw the deceased alive on July 15, 1953, and that death occurred at 5:35 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Guerman M.D. ADDRESS Deer's Head State Hospital DATE SIGNED July 15 53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 7/20/53
NAME OF CEMETERY OR CREMATORY Anatomical Bd.
LOCATION (City, town, or county) (State) Balto Md
DATE REC'D BY LOCAL REGISTRAR 7-20-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker Wolcott
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A25

RECEIVED
JUL 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 18yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 304 Ellen St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md.; STREET ADDRESS (If rural, give location) 304 Ellen St.

3. NAME OF DECEASED (Type or Print): (First) Aaron (Middle) (Last) White

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1895

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Irene Hayden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Congestive Heart Disease with Left Ventricular Hypertrophy — Interval Between Onset and Death: 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — Unk

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Salisbury (CITY OR TOWN) Wicomico (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1953 to July 21, 1953 that I last saw the deceased alive on July 16 1953 and that death occurred at 12 30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Herbert Lemmon M.D. ADDRESS: Salisbury Md. DATE SIGNED: 7/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-26-53 — NAME OF CEMETERY OR CREMATORY: Green Hero — LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG. 7-22-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Booker & West — ADDRESS: Salisbury Md.

RECEIVED
JUL 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 67547

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 207 Oakdale Rd.
STREET ADDRESS (If rural give location) Salisbury

3. NAME OF DECEASED: (Type or Print) (First) Jack (Middle) Kerr (Last) Williams

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: March 31, 1901 | 9. AGE last birthday: 52 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Doctor
10b. KIND OF BUSINESS OR INDUSTRY: Radiologist
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John D. Williams
14. MOTHER'S MAIDEN NAME: Amelia Legart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Jack K. Williams, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Coronary Occlusion — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1953, to 7/27, 1953, that I last saw the deceased alive on 7/27, 1953, and that death occurred at 10:05 a.m. from the causes and on the date stated above.

SIGNATURE: Fred R. Cramer | (Degree or title) M.D. | ADDRESS: Salisbury, Md. | DATE SIGNED: 7/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/30/53 | NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Cemetery | LOCATION (City, town, or county): Salisbury, (State): Maryland

DATE REC'D BY LOCAL REGISTRAR: 7-28-53 | REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Hill & Johnson Co | ADDRESS: Salisbury

George C. Hill II

RECEIVED
JUL 30 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural, give location) RIVIERA BEACH

3. NAME OF DECEASED: (First) [illegible] (Middle) WILBURN C. (Last) Wise
4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 3-28-05
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Steve Wise
14. MOTHER'S MAIDEN NAME: Eve Wisemon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
600.0
Immediate cause (a) Uremia — Interval Between Onset and Death: 3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Bilateral Pyelonephritis — 1 year.
DUE TO (c) Penetrating wound of spinal cord (LI) — ~~1 year~~
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Paraplegia, lower extremities — 2 years

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 7-3, 1953, that I last saw the deceased alive on 7-3, 1953 and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE Robert Gore (DEGREE OR TITLE) MD ADDRESS Peninsula St Hosp DATE SIGNED 7-3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 7-53 | NAME OF CEMETERY OR CREMATORY Pisgah Cem. | LOCATION (City, Town, or County) Sinnalle Falls N.C. (State)

DATE REC'D BY LOCAL REG. 7-3-53 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. Walter R. Holloway | ADDRESS

RECEIVED
JUL 7 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07549

Dr. Brizle

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIS 8-51

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 214 Davis Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 214 Davis Street

3. NAME OF DECEASED: (First) Sallie (Middle) Elizabeth (Last) Wright

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 9, 1889

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months 4 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Millsboro Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua Lewis

14. MOTHER'S MAIDEN NAME: Naomi West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. W. Garfield Wright (Husband)

18. MEDICAL CERTIFICATION 214 Davis Street-Salisbury, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
151X
Immediate cause (a) Carcinoma of Stomach Incurable — INTERVAL BETWEEN ONSET AND DEATH 6 months
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/3/53

19b. MAJOR FINDINGS OF OPERATION: Ca. of Stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22/53, to 6/22/53, that I last saw the deceased alive on 6/22/53, and that death occurred at 6:10 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
William B. Long M.D. 7/23/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 24, 1953
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 7-24-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS
HOLLOWAY & COMPANY * SALISBURY, MARYLAND
Walter R. Holloway

RECEIVED
JUL 27 1953
BUREAU V. S.

Dr. Gray

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07550

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parsonsburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
ETHA	SPICER	YOHE	JULY	14	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 2, 1876	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Work	At Own Home	Snow Hill, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Isaac W. Parsons	Katherine Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No		Mr. C. Russell Yohe (Son) 113 Brooklyn Ave

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Generalized arteriosclerosis

DUE TO (c) Pemphigus

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to July 16, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 3:45 A. m., from the causes and on the date stated above.

SIGNATURE: William D Gray — (DEGREE OR TITLE): MD — ADDRESS: Salisbury Md — DATE SIGNED: 7/14/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 16, 1953	Parsonsburg Church Cemetery	Parsonsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-14-53	Mary W. Holloway	Holloway & Company - Salisbury, Maryland	

Walter R. Holloway

RECEIVED
JUL 16 1953
BUREAU V. S.